

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

2003 — 22 —

2. STATE:

Florida

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2003

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42CFR 447.40

7. FEDERAL BUDGET IMPACT:

a. FFY 2003 \$ 372

b. FFY 2004 \$ 1,473

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-C

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 4.19-C

10. SUBJECT OF AMENDMENT:

Modification to Paid Bed Reservation Policy

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:

Comments will be forwarded when received

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

14. TITLE:

Deputy Secretary for Medicaid

15. DATE SUBMITTED:

9/9/03

16. RETURN TO:

Mr. Bob Sharpe
Deputy Secretary for Medicaid
2727 Mahan Drive, Mail Stop #8
Tallahassee, FL 32308

ATTN: Kay Newman

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

September 9, 2003

18. DATE APPROVED:

November 11, 2003

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2003

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Karin Gordon

22. TITLE:

Acting Associate Regional Administrator
Division of Medicaid

23. REMARKS:

The Regional Office has reviewed the plan material and has approved it for submission to the Department of Health and Human Services. The plan material is being submitted to the Department of Health and Human Services for approval.

PAID BED RESERVATION POLICY

Medicaid reimbursable absences from a long-term care institution are described below. All leave must be documented in a resident's plan of care and approved by a physician.

A. INPATIENT HOSPITALIZATION Up to 8 days per hospitalization for each nursing facility resident approved for the institutional care program (ICP). Medicaid will not pay for nursing facility bed hold if 20 percent or more of the certified Medicaid beds are available. Up to 8 days per hospitalization for each hospice enrolled nursing home resident approved for the institutional care program (ICP). Up to 15 days per hospitalization for each state mental hospital (age 65 years and older) resident or ICF/DD resident approved for the institutional care program (ICP). There is no annual maximum. ICD/DD residents are not entitled to an additional 15 days of hospitalization immediately following an infirmary stay. One day is described as an overnight stay from the facility.

B. INFIRMARY STAYS FOR ICF/DD RESIDENTS Up to 15 consecutive days per infirmary stay, with an annual maximum of 30 days for each ICF/DD resident approved for the institutional care program (ICP). The reason for the infirmary stay must be documented by the attending physician and described in the resident's plan of care. At the completion of infirmary stay, residents must be returned to the ICF/DD, hospitalized or discharged from the ICF/DD. One day is described as an overnight stay from the facility.

C. THERAPEUTIC LEAVE DAYS Therapeutic leave means a resident leaves the facility to go to a family-type setting and not to another facility. Family type settings include a private home, boarding home or assisted living facility. One day of therapeutic leave is described as an overnight stay from the facility.

(1) Nursing Facility Residents: Up to 16 days per state fiscal year (July 1 through June 30). Medicaid will not pay for nursing facility bed hold if 20 percent or more of the certified Medicaid beds are available.

(2) State Mental Hospital Residents (age 65 years and older): Up to 30 days per state fiscal year (July 1 through June 30). Each visit over three consecutive days must be prior authorized.

(3) ICF/DD residents: Up to 45 days per state fiscal year (July 1 through June 30). The district DS program office must authorize therapeutic leave. Therapeutic leave will not be approved if the resident's therapy would be seriously affected.

(4) Nursing Facility Residents Enrolled in a Hospice: Up to 16 days per state fiscal year (July 1 through June 30).

Amendment 2003-22
Supersedes 2001-04
Effective 7/1/03
Approval 11/18/03